

**Suggested Format for  
Requisition for Partial  
Payment of Annual Contributions**  
Section 8 Housing Assistance Payments Program

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 07/31/2007)

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless that collection displays a valid OMB control number. Authority for this collection of information is the Housing and Community Development Act of 1987. Housing Agencies (HAs) required to maintain financial reports in accordance with accepted accounting standards too permit timely and effective audits. The financial records identify the amount of annual contributions that are received and disbursed by HAs. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Date of Requisition (mm/dd/yyyy)   |  | 2. No. of Months in 1st FY   |  | 4. Public Housing Agency (HA) (Name and Address)                     |  |
| 3. Project Number   |  |  |  |  |  |
| 5. Housing Program Type (Mark one)<br><input type="checkbox"/> (a) Moderate Rehabilitation <input type="checkbox"/> (c) Rental Vouchers<br><input type="checkbox"/> (b) Rental Certificates |  | 6. HA Fiscal Year Ending Date (Mark one box and complete year)<br><input type="checkbox"/> March 31, <input type="checkbox"/> June 30, <input type="checkbox"/> September 30, <input type="checkbox"/> December 31, (YYYY) _____ |  |  |  |
| 7. Number of Units Under Lease to Eligible Families as of Date of Requisition   | 8. Average Monthly Housing Assistance Payment Per Unit as of Date of Requisition | 9. Estimated Number of Units to be Under Lease at End of Requested Year  | 10. Unit Months Under Lease Year to Date | 11. Average Monthly Housing Assistance Payment Per Unit Year to Date |  |

|   |                                   |
|---|-----------------------------------|
|   | Funds Required for Requested Year |
| 12. Preliminary Administrative and General Expense  |                                   |
| 13. Estimated Housing Assistance Payments (Account 4715)  |                                   |
| 14. Estimated Ongoing Administrative Fee  |                                   |
| 15. Estimated Hard-to-House Fee (Existing Housing Certificates and Housing Vouchers Only)   |                                   |
| 16. Independent Public Accountant Audit Costs (Section 8 Only)  |                                   |
| 17. Total Funds Required to End of Requested Year (Sum of Lines 12 through 16)  |                                   |
| 18. Payments Previously Approved for the Fiscal Year (applicable only to revised requisition)   |                                   |
| 19. Adjustment to Requisition (Difference of Line 17 and Line 18. <b>Do not</b> use brackets)   |                                   |
| 20. Total Payment Requirement For Requested Year (Line 18 plus or minus adjustment on Line 19 if revised requisition. Total must equal Line 17) |                                   |
| 21. <input type="checkbox"/> Paid in Equal Installments (Original Requisition Only) <input type="checkbox"/> Paid in Unequal Installments       |                                   |

|                 |   |   |   |    |    |    |
|-----------------|---|---|---|----|----|----|
| 22. Installment | 1 | 2 | 3 | 4  | 5  | 6  |
| HA Total        |   |   |   |    |    |    |
| HUD Revision    |   |   |   |    |    |    |
| Installment     | 7 | 8 | 9 | 10 | 11 | 12 |
| HA Total        |   |   |   |    |    |    |
| HUD Revision    |   |   |   |    |    |    |

|                       |                        |   |
|-----------------------|------------------------|---|
| 23a. Total (HA)<br>\$ | 23b. Total (HUD)<br>\$ | 24. Revised Monthly Installments<br>Begin Month Of: |
|-----------------------|------------------------|---|

I Certify that (1) housing assistance payments have been or will be made only in accordance with Housing Assistance Payments Contracts or Housing Voucher contracts in the form prescribed by HUD and in accordance with HUD regulations and requirements; (2) units have been inspected by the HA in accordance with HUD regulations and requirements; and (3) this requisition for annual contributions has been examined by me and to the best of my knowledge and belief is true, correct and complete.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

|                                 |                   |  |                   |
|---------------------------------|-------------------|--|-------------------|
| Title of Authorized HA Official |                   | Title of Authorized HUD Approving Official |                   |
| Signature                       | Date (mm/dd/yyyy) | Signature                                  | Date (mm/dd/yyyy) |